Quality Assurance Division
Certification Bureau

Along the Road to Quality

Over 130,000 Miles This Federal Fiscal Year

Certification Bureau Staff

- 3 Administrative Staff
- 1 Bureau Chief
- 1 Life Safety Code Surveyor Supervisor
- 2 Health Surveyor Supervisors

Certification Bureau Staff

- **25 Surveyor positions**
  - **1 CLIA surveyor Clinical Laboratory Scientist**
  - **10 Nurses**
  - **1 Dietician**
  - **1 Nursing Home Administrator**
  - **3 Social Workers**
  - **1 Sanitarian**
  - **1 QMRP**
  - **1 Generalist surveyor**
  - **1 Life Safety Code surveyor**
  - **5 vacancies**

…and here we are!

CERTIFICATION BUREAU CORE VALUES

- Personal Accountability/ Individual Responsibility
- Integrity/ Ethics in the Workplace
- Continuous Improvement

Our Plan for This Afternoon

- News from CMS
  - Antipsychotic initiative
  - Hospice in LTC
  - ESRD in other facilities
- Review of Abuse Reporting
- Life Safety Code Exercise
- Your Questions/Our Answers

Latest S&Cs

- https://www.cms.gov/SurveyCertificationGenInfo/PMSR/list.asp

- Sort by date
- Search by key word
- Also available as a link on our website (with other useful information)

Monthly WebEx Instruction

- Overview of all new S&Cs at the beginning
- Monthly topics specific to facility types
- Typically one hour or less
- Send comments or suggestions to MTSSAD@mt.gov
- This month's offering on hospital survey protocols was cancelled.
- WebExs are recorded. If you want a copy email Mboehm@mt.gov

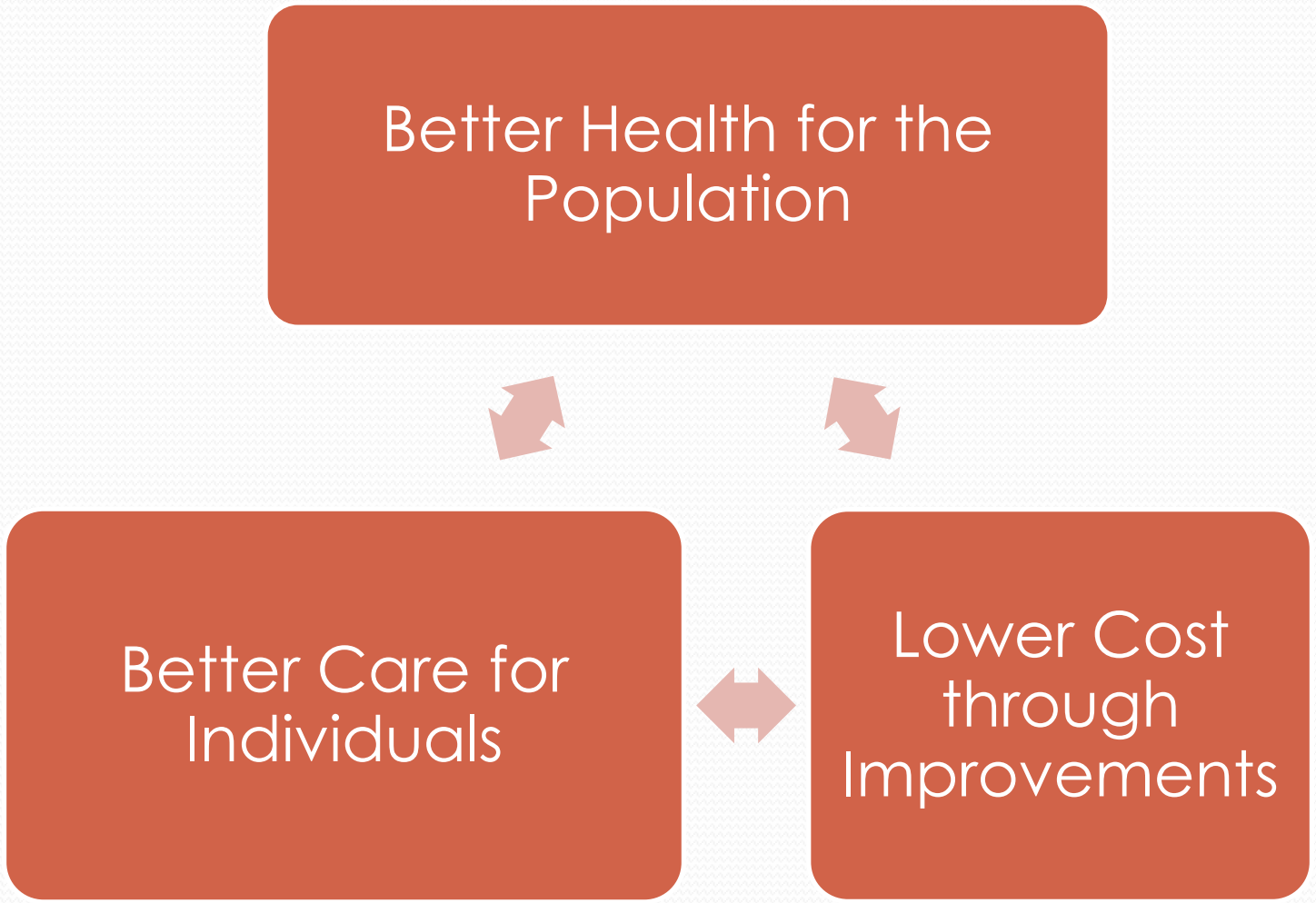
Some Interesting Facts Regarding Deficiencies

- **In our CMS Region;**
  - **Three states have a higher deficiency rate/survey than MT (WY,UT, CO)**
- **Average number of citations written in Health recertification surveys is:**
  - **5.21 in MT**
  - **5.82 in the Nation**

CMS INITIATIVE re: ANTIPSYCHOTICS in LTC

- **Improve Behavioral Health**
- **Reduce Unnecessary Antipsychotic Drug Use in LTC**
- **Manage Behavioral symptoms in Nursing Home Residents with Dementia**
- **MT participated in the pilot study**

CMS AIMS


Better Health for the Population
Better Care for Individuals
Lower Cost through Improvements

WHY – HOW- WHO - WHAT

- Continued evidence that LTC residents are at risk for adverse events due to polypharmacy
- This initiative focuses on antipsychotic drugs only (although unnecessary drugs may still be cited under F329)
- Many groups involved in the initiative (QIO, Ombudsmen, organizations)
- Nursing Home Compare will report antipsychotic use as a quality indicator

ANTIPSYCHOTIC USE

- **Off Label use for Behavioral Psychological Symptoms of Dementia (BPSD)**
- **Evidence suggests little benefit**
- **Evidence suggests greater potential for adverse consequences (falls, fractures, CVA, death)**
- **Might be a symptom of a systematic failure of not addressing comprehensive behavioral health care (why is the behavior occurring)**

WHAT THE SURVEYORS WILL EXPECT

- New Interpretive Guidance & changes to resident sampling is coming
- Person centered care – supportive environment, attention to preferences, addressing individual wants and needs
- Quality and quantity of staff – adequately trained and consistent assignment
- Non-pharm. Interventions – surveyors will look for evidence of what you have tried and the response

CITING F329 NOT AUTOMATIC

- Facility should establish root causes of behaviors
- Determine if initial clinical eval was valid
- Were non-pharm, person centered interventions given a fair trial
- Were target behaviors identified and documented
- Were caregivers aware of target behaviors and desired results of medication
- Was the resident or the representative consulted
- Is monitoring for side effects in place

PRESCRIBING SHIFT

- **Surveyors will look for replacing antipsychotics with another drug classification. The goal is drug reduction.**
- **A deficiency could still exist for unnecessary drugs**

NEED TO PROVIDE ALTERNATIVES

- Staff is trained in alternative approaches
- Staff supports alternative approaches
- Care plans explain how to work with behaviors
- Interdisciplinary team and family have been involved in alternatives

USING ANTIPSYCHOTICS AFTER ACUTE EVENT IS RESOLVED

- Interpretive guidelines distinguish between acute event use and chronic use
- Surveyors will look at records for communication between pharmacist ands staff
- Surveyors will look for GDR
- Surveyors will interview staff, families, etc.

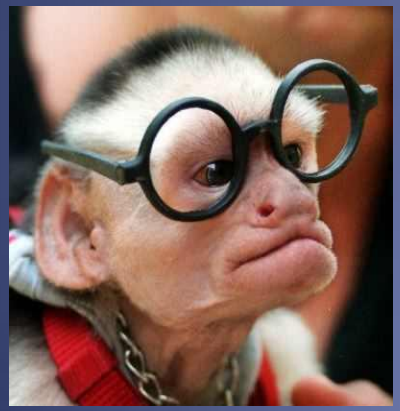
INTERVIEWS WITH PRESCRIBERS

- Surveyors are not evaluating medical care
- Surveyors are evaluating the process including communication among providers, the IDT, the resident, family/representative and standard practice
- Surveyors will interview the medical director regarding policies and procedures for behavioral health and antipsychotic use

Engaging the resident/ representative in decision making

- **To the extent possible, residents should be involved in the approval of interventions to address behavioral health**
- **If the resident is unable, then the representative should be involved**
- **Discussions with the resident/representative should be documented**

HOSPICE CARE in the LTC setting



PRESENTED BY:

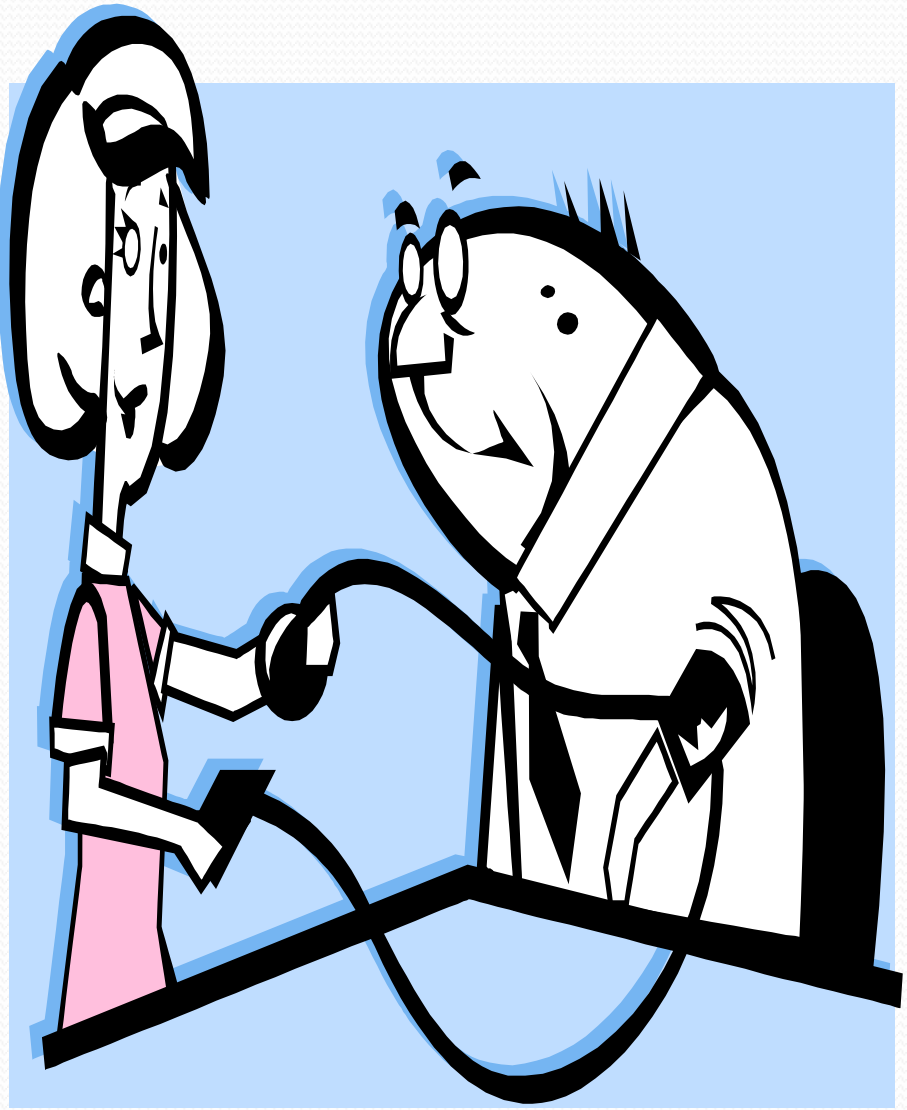
Ronda J Ward

In 1982, Congress created the Medicare hospice benefit, reserving such services for terminally ill Medicare beneficiaries with life expectancies of six months or less "if the disease runs its normal course." Effective with the enactment of the Balanced Budget Act of 1997, the Medicare hospice benefit was divided into the following benefit periods:

1. An initial 90-day period;
2. A subsequent 90-day period; and
3. An unlimited number of subsequent 60-day benefit periods as long as the patient continues to meet program eligibility requirements.

From 1984 to January 2010, the total number of hospices participating in Medicare rose from 31 to over 5000 programs in the U.S. (NHPCO)

Nursing home residents receiving hospice care rose from 14% in 1999 to 33.1% in 2006. (NHPCO)



HOSPICE PHILOSOPHY

- Intense program of palliative care enhancing comfort and promoting quality of life for the individual and their loved ones.

- Death is an integral part of the life cycle
*A peaceful and comfortable death is an essential goal of health care.

Hospice focus:

-Appropriate goals for the terminally ill;

- pain relief,
- comfort, and
- enhanced quality of life
- the potential for growth within dying experience.

- Hospice Addresses;

-needs and opportunities during last phase of life

- Hospice Uses interdisciplinary approach to care which consists of;

-individual, family, trained volunteers, and clinical professionals.

STATE OPERATIONS MANUAL

Appendix M

Hospice regulations

Hospice Regulations:

---Conditions of Participation which pertains to patients residing in a long term care facility.

L704- 418.Short-term inpatient care

L705 - L718

L705-Inpatient care for pain control, symptom management, respite purposes in a Medicare Medicaid facility.

L707- Must be a Medicare certified hospital or skilled nursing facility which meets the standards regarding 24 hour nursing services and patient areas.

L708, L709 -respite services in a facility participating as a Medicare Medicaid facility.

L710 -Facility must provide 24 hour nursing, meeting the needs of all patients and in accordance to each patient's plan of care and must be kept clean, comfortable, well-groomed and protected from accident, injury and infection.

L711-care provided under arrangements.

L712-care provider establishes patient care plan policies consistent with the hospice and agrees to abide by the palliative care protocols and POC established for the patient per the hospice.

L713- pertains to the clinical record content

L714-Inpatient unit identifies an individual responsible for implementing the provisions of the agreement.

L715-hospice maintains responsibility of ensuring the training of personnel providing the patient's care .

L716- way to verify information of agreement, and training

L759 418.112 CoP: Hospices that provide hospice care to residents of a SNF/NF or ICF/IID (facility)

L760 In addition to meeting CoP at 418.10 through 418.116, a hospice providing hospice cares at a facility must abide by the following standards.

L761-Resident eligibility/ election/duration benefits
Resident must meet MEDICARE hospice eligibility criteria

L762-Hospice assumes responsibility for professional management of the hospice services provided in accordance with the CoPs and the plan of care

L763-Have a written agreement with the facility that specifies provision of hospice services in the facility

L764-Written agreement includes: How communication by both parties will be carried out and documentation of that communication ensuring needs of the patient are met 24/7

L765-Provision that SNF/NF notifies hospice immediately ;
- significant change, clinical complications, need to transfer the patient from the facility
L766-Provision stating hospice assumes responsibility for determining the appropriate course of hospice care, including determination to change level of services provided
L767-agreement the SNF/NF is responsible to; -furnish 24 hour room and board, to meet the personal and nursing needs of the patient

L768-agreement that hospice responsible to provide services to the patient at the same or higher level than would be provided if at home

L769-A delineation of hospice responsibilities which include but not limited to: provide medical direction and management of the patient, nursing, counseling, (spiritual, dietary, and bereavement), social work, provision of medical supplies

TIRED?

Questions?

770- hospice may use facility nursing staff where permitted by state law and as specified by facility to assist in administration of therapies included in the plan of care

771- hospice to report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, misappropriation of patient property by anyone unrelated to the hospice to the SNF/NF or ICF/IID administrator within 24 hours of becoming aware of alleged violation

L772- **A delineation of responsibilities of both parties to provide bereavement services for staff.**
Hospice may offer bereavement services for LTC staff.

L773-Hospice plan of care must be written, established and maintained in consultation with facility representatives. All hospice care provided must be in the plan of care.

L774-hospice plan of care identifies cares and services needed and which entity agreed upon by both parties will be responsible for performing each function.

L775-hospice plan of care reflects participation of hospice, facility, patient and family to extent possible

L776-changes to plan of care must be discussed with patient or rep., facility rep. and approved by hospice before implementing

L777-Coordination of services by designating
a member of IDG responsible for a patient in a facility. They are responsible for:

778- overall coordination of hospice care with SNF/NF or ICF/IID reps.

779- communication with facility rep., other health care providers participating in care for the terminal illness, and other conditions to ensure quality of life for patient and family.

L780-ensures hospice IDG communicates with the facilities' medical director, the patient's physician and other physicians participating in the patient's plan of care as needed to with medical care provided.

L781-hospice provides the facility with:

___most recent care plan

___hospice election form

___physician certification and recert.. of the terminal illness

medication information

L782- orientation and training of staff in the hospice philosophy on pain control, symptom management, principals of dying patient specific cares.

L783 418.114 CoP: Personnel qualifications

L784- all professionals furnishing services must be legally authorized per Fed., state and local laws, must act only within the scope of their state license, cert. or registration.

The authorization (license, certification, or registration.

L785-L 794- personnel qualifications for certain disciplines.
L795-L796 obtain criminal background checks on all hospice staff with direct contact, in accordance with the state requirements.
L797 418.116 CoP: Compliance with Fed., State, and local laws and regulations related to the health and safety of the patient.

L798-hospice and staff must operate and furnish services in compliance with all applicable Fed., State, and local laws and regulations related to the health and safety of the patients. If State or local law provides for licensing of hospices, the hospice must be licensed.

QUESTIONS on the Hospice Regulations?

Let's now look at the regulations for the LTC facilities…

What parts of those regulations could the surveyors possibly cite under the LTC regulations?

STATE OPERATIONS MANUAL

Appendix PP

Long Beach Gas regulations

F278-

3.20(g): Accuracy of Assessment

The assessment must accurately reflect the resident's status.

-means that the appropriate, qualified health professional correctly documents the resident's medical, functional, and psychosocial problems and identifies resident strengths to maintain or improve medical status, functional abilities, and psychosocial status. The initial comprehensive assessment provides baseline data for ongoing assessment of resident progress.

483.20(h): Coordination

A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.

F279-
483.20(K) Comprehensive Care Plans

(A facility must..) use the results of the assessment to develop, review and revise the resident's comprehensive plan of care

F282-483.20(k)(3)(ii):

Be provided by qualified persons in accordance with
Each resident's written plan of care.
supporting the philosophy and collaborating in the care.

F309-Quality of care

The facility must provide the necessary care and services to attain or maintain the highest practicable…..
Implementing the hospice plan for pain/symptom control

F312-483.25(a)(3)
(3) A resident who is unable to carry out activities of daily living receives the necessary services to maintain…

F500-Use of outside resources
If the facility does not have a qualified professional Person to furnish a specific service….

MDS 3.0

Requirements: A significant change MDS needs to be started when the resident enrolls in a hospice and remains a resident in the facility. The ARD must be within 14 days from the effective date of the hospice election (can be same or later than the date of the hospice election statement but not earlier than.) A significant change must be performed regardless of when the last assessment was completed.

THIS ENSURES A COORDINATED PLAN OF CARE BETWEEN the HOSPICE AND LTC !

Review:

-Hospice maintains professional management of hospice services of the plan of care for the terminal illness while the resident resides in the LTC.

- Hospice core services must be provided by the hospice (physician, nursing, social services, counseling)

-Hospice provides all medications, supplies and DME for the palliative and management of the terminal illness.

-Hospice" supplements" not replaces CNA services which are provided by the facility.

-Basic care is still provided by LTC under the regulations for LTC.

-LTC and Hospice need to coordinate plan of care reflecting the hospice philosophy.

-The hospice patient must continue to show evidence of progressive decline. (appropriate certification and recertification documented)

So…

What should hospice patients, residing in a LTC have available to them?

As a care giver, what are you doing to look out for your residents' best interests?

?

?

?Questions

?

?

End Stage Renal Disease
CORE SURVEY PROCESS

New CMS 3 Month Pilot

GOALS:

- **Facility specific and Patient specific data**
- **Review of QAPI program elements**
- **Support a culture of safety**
- **Review technical delivery systems**
- **Listen to patients re: care rendered and environment**

How Does This Impact LTC?

- **Care Received in both settings – LTC and ESRD**
- **Communication between both LTC and ESRD**
- **Outcomes and Patient Status**

Access Site

- Is LTC staff aware of the care necessary?
- Care of site during ADLs
- Procedure in place for emergencies
- Transportation to and from the ESRD site
- How is the ESRD noted in the care plan

INFECTION CONTROL

- Infection Prevention and Control involves:
  - Surveillance
  - High risk disease specific management
    - Hepatitis B
    - TB
    - Influenza vaccinations
    - Pneumococcal pneumonia vaccination offered

OTHER FACTORS TO CONSIDER WITH RESIDENTS RECEIVING ESRD TREATMENT

- **Nutrition**
- **Medications especially those addressing renal function**
- **Potential complications and plans to address those complications**
- **Catheter versus fistula**

WHAT TO EXPECT FROM THE SURVEYORS

- Patient Interviews
- Medical Record Review
- Staff Interviews
- Culture of Safety
- QAPI
  - Communication and collaboration
  - Documentation

Abuse Prevention BINGO

How Not to Report an Event

[Name] told me at 1000 today what she witnessed with the OT. She also told me there was a similar incident that occurred yesterday with OT regarding [name] and that [name] witnessed it. I spoke to [name] and she told me what occurred yesterday. [Name] stated another C.N.A. witnessed incident myself and D.O. N. spoke with [name] and he told us what he witnessed. Asked for written statements from all three.

Place were we spend our in-weeks… writing reports.

LIFE SAFETY CODE MAINTENANCE MANUAL

FOR

CERTIFIED HEALTH CARE FACILITIES IN MONTANA

OCTOBER 2011

Prepared by the

Quality Assurance Division Certification Bureau

What's in the Manual?

Alcohol Based Hand Rub (ABHR) Dispensers ,
Anesthetizing Locations,
Corridor Width / Means of Egress,
Corridor Walls / Fire Walls / Smoke Walls,
Fire Alarm System,
Doors – Inspect, Repair, and Maintain,
Electrical,
Elevators / Dumbwaiters,
Emergency Lighting,
Exits,
Fire Drills,
Fire Extinguishers (Portable),
Fire Safety Plan,
Fire Watch,
Fire Safety Evaluation Survey (FSES),

What is in the Manual? (Continued)

Flammable & Combustible Liquids Storage Tanks.
Generators,
Hazardous Areas,
Heating, Ventilation, Air Conditioning, & Cooling (HVAC),
Hood Suppression System,
Horizontal Exits,
Interior Finish
Furnishings & Decorations
Laboratories
Laundry areas
Laundry Chutes/Rubbish Chutes
Master Alarm Panels,
Medical Gas Storage,
Portable Space Heating Devices,
Smoke Compartmentation & Control,
Smoke Control Systems,
Smoke Detectors,
Smoke & Fire Dampers,
Smoking Regulations,
Sprinkler System,
Vertical Openings,
Waivers

Waivers

- **The (Federal) DHHS Secretary has delegated to CMS the authority to grant waivers to providers participating in Medicare and Medicaid.**
- **Standard Waiver (Continuing) – granted where it is impractical to change existing construction (unreasonable hardship cases).**
- **Time-Limited Waiver (Short Term) – granted when an extension of time is required to correct deficiencies mandated under enforcement.**

Waivers (continued)

- Standard waiver **must specify both:**
  - **Unreasonable hardship**
  - **Justification (explanation of hardship and verification that the waiver have no adverse health or safety impact).**
- Time limited waivers **may be granted for periods deemed appropriate, and must specify:**
  - **Length of waiver period,**
  - **Justification for the extended period of time,**
  - **Temporary, interim fire safety measures while the waiver is in effect,**
  - **Construction milestones,**
  - **Prescribed/directed actions to be taken.**

Waivers (continued)

- **Certification Bureau** has ability to issue Time Limited Waivers for long term care facilities – maximum time is 6 months from day of exit

- **All other facility types must request** Time Limited Waivers or Standard Waivers thru the Certification Bureau with final approval by CMS Regional Office.

Adult Salmon Fly

Building canopies not sprinkled

Sprinklers shall be installed under exterior roofs or combustible canopies that exceed 4 feet in width per section 5-13.8.1 of NFPA 13, 1999 Edition. All long term facilities must be sprinklered by August 13, 2013. See Survey & Certification Letter (S&C) 09-04.

PRESSURIZED CYLINDERS NOT SECURED

In accordance with sections 8-3.1.11.2(h) and 4-3.5.2.1 (b27) of NFPA 99 (1999 Edition), freestanding cylinders of nonflammable gases (e.g. oxygen) shall be properly chained or supported in a cylinder cart or stand or by means of racks or fastenings to protect them from falling.

OBSTRUCTION IN THE EXIT CORRIDOR

In accordance with Centers for Medicare and Medicaid Services Survey and Certification letters S&C-04-41 and S&C-10-18 items not in use in exit corridors (i.e. left unattended for more than 30 minutes), such as linen or medication carts, janitorial equipment, chairs, wheelchairs, delivery items, etc., must be stored properly or removed from the corridor.

SMOKE BARRIER WALLS NOT PROPERLY SEALED

Section 8.3.6.1 pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows: (1) The space between the penetrating item and the smoke barrier shall meet one of the following conditions: a) It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier.

FIRE DOORS TO CRAWLSPACES NOT LATCHED

19.2.2.2.6 Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier, or hazardous area enclosure shall be permitted to be held open only by an automatic release device that complies with 7.2.1.8.2.

FIRE DOOR BLOCKED OPEN

19.2.2.2.6 Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier, or hazardous area enclosure shall be permitted to be held open only by an automatic release device that complies with 7.2.1.8.2.

VERTICAL OPENING BETWEEN FLOORS NOT PROPERLY SEALED

19.3.1.1 Any vertical opening shall be enclosed or protected in accordance with 8.2.5. Where enclosure is provided, the construction shall have not less than a 1-hour fire resistance rating.

CONDUIT PENETRATIONS NOT SEALED

Section 8.3.6.1 pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows: (1) The space between the penetrating item and the smoke barrier shall meet one of the following conditions: a) It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier.

CONDUITS BETWEEN FLOORS NOT SEALED PROPERLY

Section 8.3.6.1 pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows: (1) The space between the penetrating item and the smoke barrier shall meet one of the following conditions: a) It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier.

OPENINGS BETWEEN FLOORS PROPERLY SEALED

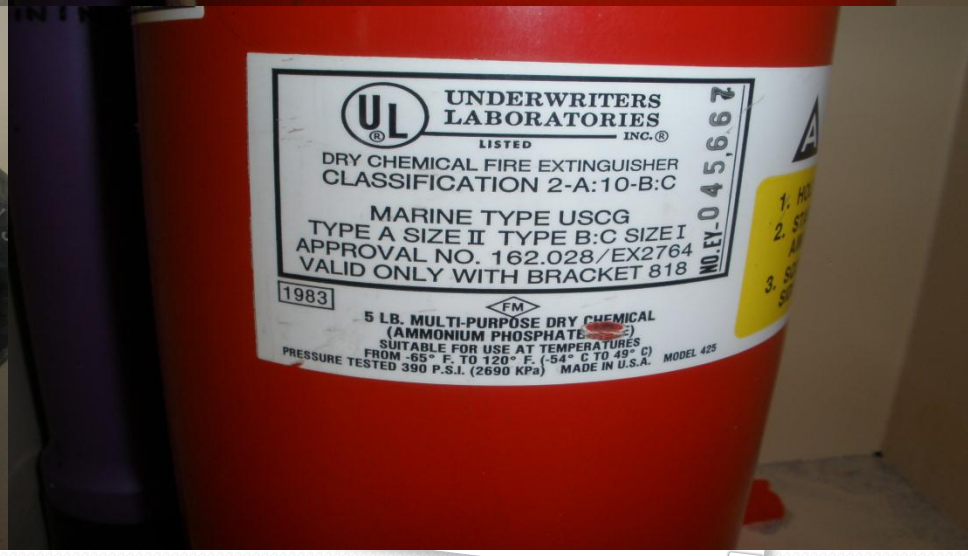
Section 8.3.6.1; pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows: (1) The space between the penetrating item and the smoke barrier shall meet one of the following conditions: a) It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier.

Wrong Sealant Used to Seal Penetrations in Fire Barriers

The use of residential type expanding foam insulation is not an approved fire rated material. Secondly the use of mineral wool by itself is not acceptable for sealing smoke barriers or fire barriers. Mineral wool can be used as a batting material with coverage of an approved fire rated material or sealant.

CORRIDOR DOORS CAN NOT BE BLOCKED OPEN

Section 19.3.6.3.6 Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinkled buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted.



PORTABLE FIRE EXTINGUISHERS – NFPA 10

Bottom distance from floor – 4", Top distance from floor – 60"

Maintenance every 6 years, Hydro-tested every 12 years

Checked by maintenance monthly, signed and dated on the service card

Collar date matches the last 6 year or hydro-test date

KITCHEN K EXTINGUISHER PLACARD/PLACEMENT

Bottom no less than 4” from the floor and top no higher than 60” above the floor

Placard saying use this as a secondary backup to the hood fire suppression system

Serviced semi-annually

Always accessible

KITCHEN HOOD FIRE SUPPRESSION SYSTEM

Checked and dated monthly
Serviced semi-annually
Hydrostatically tested every 12 years
Inter-connected to the Fire Alarm Control Panel

SOILED HOOD FILTERS

NFPA 96, Chapter 8-3.1 Hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. The entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction in accordance with Table 8-3.1.

LIQUID OXYGEN TANKS STORED UNSECURED, NOT PROTECTED FROM EXTREME TEMPERATURES, AND TOO CLOSE TO OPENINGS

Storage locations for oxygen containers or cylinders that are outdoors shall be within an enclosure with doors or gates that can be secured against unauthorized entry per section 8-3.1.11.2(a) of NFPA 99, 1999 Edition. In no case shall the temperature of the cylinders exceed 130°F per section 8-3.1.11.2(e) of NFPA 99 (generally cylinders stored in the open shall be screened against continuous exposure to direct rays of the sun where extreme temperatures may be experienced). Storage facilities that are outside, but adjacent to a building wall, shall be located such that the distance to any window of the adjacent building is greater than 25 feet per section 4-5.1.1.2(10a) of NFPA 99. No smoking signs conforming to section 8-3.1.11.3 of NFPA 99 shall be posted at all locations where oxygen is stored.

MEDICAL ELECTRONIC GAS ALARM

Alarms when: Oxygen line pressure is high, Oxygen line pressure is low, Oxygen reserve is in use, Oxygen reserve is low, Vacuum line is low, Vacuum reserve pump is running, or when there is a system malfunction.

SPRINKLER HEAD WITH CLIP STILL ENGAGED

Unacceptable obstructions to spray patterns shall be corrected per section 2-2.1.2 of NFPA 25, 1998 Edition.

OBSTRUCTIONS TO SPRINKLER SPRAY PATTERNS

Unacceptable obstructions to spray patterns shall be corrected per section 2-2.1.2 of NFPA 25, 1998 Edition. Obstructions to spray patterns include horizontal obstructions near the ceiling, vertical obstructions, suspended or floor-mounted obstructions, and clearances between sprinklers and storage below. The distance from sprinklers to privacy curtains, free standing partitions, room dividers, and similar obstructions in light hazard occupancies shall be in accordance with Table 5-6.5.2.3 and Figure 5-6.5.2.3 of NFPA 13, 1999 Edition.

SURGE CORDS IN SERIES

The limited use of circuit breaker protected power strips is acceptable by CMS provided that no major appliances such as air conditioners, refrigerators, microwaves, heating units and oxygen concentrators are connected to a power strip. These items must be directly connected to an appropriate receptacle and not connected in series or "daisy chained".

SURGE CORD NOT PROPERLY MOUNTED TO WALL OR FLAT ON THE FLOOR

Flexible cords and cables shall be connected to devices and to fittings so that tension will not be transmitted to joints or terminals per Article 400-10 of NFPA 70, 1999 Edition.

ELECTRICAL DEFICIENCIES

Surge cord not properly supported

Tight electrical cord off of it

Surge cord without proper UL listing and no circuit breaker reset button

MULTI-PLUG ADAPTORS IN-USE

Extension cords (including power strips) or multiple adaptors used in health care shall be protected against overcurrent conditions by means acceptable to the National Electrical Code or the Authority Having Jurisdiction (CMS), one means of which is by providing power strips or multiple adaptors that have built-in circuit breakers with either 15 or 20 ampere ratings.

BLOCKED ACCESS TO ELECTRICAL PANELS

Sufficient access and working space shall be provided and maintained about all electric equipment to permit ready and safe operation and maintenance of such equipment per Article 110-26 of NFPA 70. The width of the working space in front of the electric equipment shall be the width of the equipment or 30 inches, whichever is greater. In all cases, the work space shall permit at least a 90 degree opening of equipment doors or hinged panels. The work space shall be clear and extend from the grade, floor, or platform to the height required by Article 110-26 of NFPA 70. Working space required by this Article shall not be used for storage.

CONVERTING RESIDENT ROOMS INTO STORE ROOMS

Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.4.1. The automatic extinguishing shall be permitted to be in accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing.

EXITING

Blocked exit, exit path should be as wide as the door which serves the exit.

Deer in Helena

CMS OVERSIGHT OF STATE AGENCIES

Comparative – federal surveyor or contractor surveyor goes onsite after Bureau exits usually within 60 days. Federal Observation/Support Survey (FOSS) – CMS accompanies the Bureau on survey.

FFY 2008: 5 COMPARATIVES
FFY 2009: 3 COMPARATIVES
FFY 2010: 5 COMPARATIVES
FFY 2011: 3 COMPARATIVES
FFY 2012: 4 COMPARATIVES

CMS has an IDR Process for Comparatives

CONTACT THE BUREAU IF YOU HAVE A CONCERN ABOUT WHAT CONTRACTOR WROTE IN THE FACILITY.

CMS OVERSIGHT OF STATE AGENCIES

- Notifying Montana DPHHS when under fire watch
  - Non functioning sprinkler system and/or alarm system
  - List number 406-444-4170 in fire watch policy
- Remote Annunciators on Generators
  - Generator used for one and one-half hour of emergency lighting – must have a remote annunciator
- Kitchen Hood Cleaning
  - To be cleaned twice yearly
- Testing of sprinkler systems by fire suppression contractors
  - Using the wrong type of orifice for flow testing

CMS OVERSIGHT OF STATE AGENCIES

Second Lock Installed During Remodel

Resident Room had a dead bolt on door on room where area was used during remodel for storage of items.

Area open to corridor

PT area was open to corridor with opening above the door – no smoke detector in room – modification to facility

Generator Testing

Failure to document weekly visual inspection

Areas of refuge

Sidewalks that do not continue to the public way from an area of refuge such as a courtyard

View from Lake View Care Center – Big Fork

Questions?????

THANKS AGAIN FOR COMING!

(and staying)

We hope you enjoy the rest of the conference.

ENJOY YOUR STAY IN BILLINGS!